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APPLICANTS

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** CONTINUING DATA ***** *Note*

** FOREIGN APPLICATIONS ***** *Note*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/09/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 12	TOTAL CLAIMS 191	INDEPENDENT CLAIMS 20
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				

Verified and Acknowledged

Dale B. Cobanigan DEC
 Examiner's Signature *D. Cobanigan* Initials

ADDRESS

29200

TITLE

System and method for operating medical devices

FILING FEE RECEIVED 5376	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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